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Colorado Screening, Brief Intervention and Referral to Treatment
Services and Outcomes, February 2010

Initiative of Gov. Bill Ritter, Jr.

Colorado's Screening, Brief Intervention, and Referral to Treatment initiative **(SBIRT Colorado)** aspires to make screening for alcohol and other substance use a routine practice, similar to blood pressure screening. Since April 2007, patients across Colorado have been screened using validated tools by healthcare professionals. When patients screen at risk for negative health consequences, healthcare professionals provide an immediate brief intervention (BI) and, if needed, a referral to additional services, including brief therapy (BT) or more extensive treatment (RT). The following provides information on data collected from SBIRT Colorado grant sites since April 2007. In general, results support the program's efficacy in reducing risky substance use behaviors.

SBIRT Services Provided to Date

SBIRT Colorado is currently providing services to a broad range of patients in urban, rural, and frontier healthcare settings across Colorado. This report presents data collected by health educators in 25 SBIRT Colorado healthcare sites. For more information about SBIRT models and settings throughout the state, visit the SBIRT Colorado website at:

www.improvinghealthcolorado.org

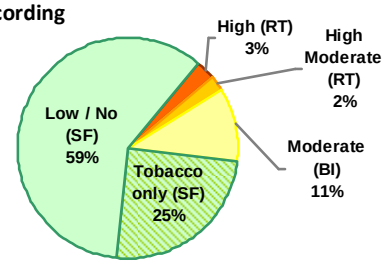
As of February 1, 2010 over 70,000 screens have been completed. In 2009, about 3,000 people were screened each month throughout the state.[1]

About 44.5% (30,959) of patients screened to date were male and about 55.5% (38,589) were female. The most frequently screened age group was between 25 and 34 years old. About 56% (38,945) of patients identified as White, 9.7% (6,738) identified as Black/African American, and 30.9% (21,500) identified as Hispanic or Latino. Other races/ethnicities combined accounted for less than six percent of all screens.

SBIRT Patients Scoring at Risk

The SBIRT CO program uses the ASSIST[2], a screening tool developed by the World Health Organization, to assess patient use of substances and levels of risk associated with each substance. **The ASSIST tool defines patients as at risk if their pattern of substance use indicates hazardous or harmful use that puts them at risk for health and other problems.** Unless noted, at risk refers to alcohol and/or illicit substances.

Level of Risk According to ASSIST

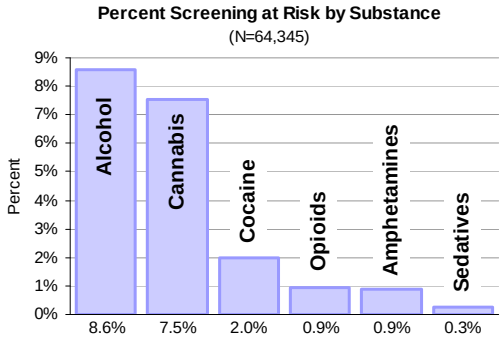


Percent at Risk by Gender and Race

About 21% of males and 9% of females scored at risk for alcohol and/or illicit substances. Males were about 2.6 times more likely than females to score at risk. Those who identified as White, Black/African American, and Hispanic/Latino scored at risk 15%, 21%, and 11% of the time, respectively.

Percent at Risk by Substance

The ASSIST screens for up to 10 substances. The top six substances, excluding tobacco, are included in the chart below. Of all completed screens about 8.6% of patients scored at risk for alcohol.



Tobacco Risk

According to ASSIST criteria about 36% of all patients scored at risk for tobacco. Approximately 42% of males and 30% of females scored at risk for tobacco. In every age group patients were more likely to be at risk for tobacco than any other substance.

Preliminary Outcomes

As of December 31, 2009, 828 six-month follow-up interviews had been completed.

Change in Use

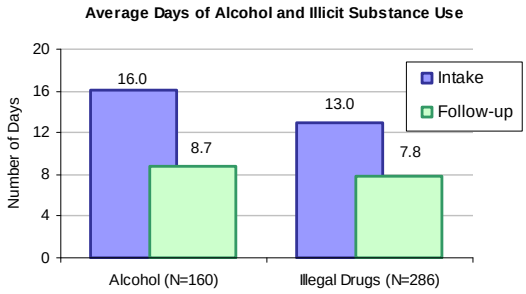
Participants in the SBIRT Colorado follow-up study were asked the number of days they used alcohol and illicit substances in the last 30 days. Please note that sample sizes are small for each type of substance; findings should be interpreted as preliminary. In addition, it is possible that it is more difficult to locate patients to participate in the follow-up study who are using substances than those who reduced their use, which may affect the findings. Finally, we cannot compare change in use in these patients to change in use in patients with similar patterns of use who did not receive SBIRT services. Thus, we do not know whether these patients would have reduced their use in the absence of receiving SBIRT services.

Results indicate that patients experienced a significant drop in overall in use during the 30 days prior to follow-up as compare to the 30 days prior to intake:

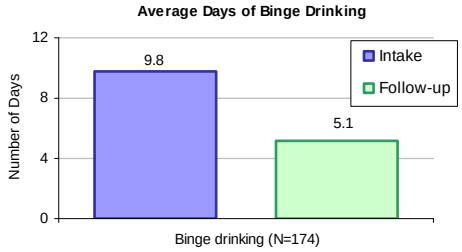
[1] Data provided represent screens through December 31, 2009.

[2] In cases where a brief screen indicated no use and the ASSIST was not administered, all ASSIST substances were coded as 0. ASSIST data were not available for 5,243 cases.

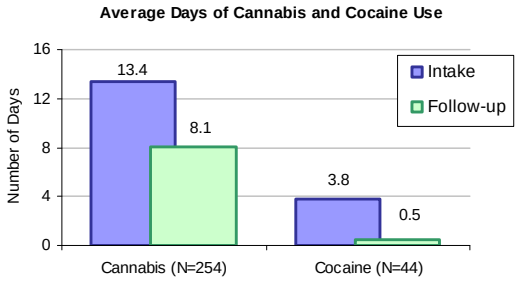
- **Days of alcohol use fell by 46% and overall days of illicit substance use fell by 40%.**



- **Days of binge drinking (consuming 5 or more drinks in a single sitting) fell by 48%.**



- **Days of cannabis and cocaine use fell by 39% and 87%, respectively.**



Summary

→ Approximately 16% of patients screened by SBIRT CO were at-risk for substance use. Only 5% of patients were identified as in need of additional services beyond a brief intervention.

→ Results to date support the SBIRT program's efficacy in reducing patients' substance use.

→ Reducing substance use can have dramatic positive effects on individuals' physical, mental, and social health.

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SBIRT Colorado Spotlight:
Colorado Clinical Guidelines Collaborative

Colorado Clinical Guidelines Collaborative (CCGC) is one of the organizations helping to plan and carry out implementation of SBIRT across our state. A core part of the work of CCGC is to develop one-page evidence-based clinical guidelines on prevention and disease management. CCGC developed an SBIRT Guideline in 2008 and has been offering trainings on the guideline in clinics and public health departments and CME presentations since 2009. One training method is the Rapid Improvement Activity (RIA): a one-hour, onsite session for an entire practice staff that introduces the guideline content and process; and then engages the entire practice staff to develop an implementation plan with particular attention to team responsibilities, work flow, electronic and paper tracking, and further training needs (i.e., motivational interviewing).

This approach to SBIRT implementation depends on using the existing staff to carry out SBIRT (which does not generally include a health educator). CCGC tested this method of training in 13 diverse clinic settings (including rural and urban, public health and college health). Each site received three follow-up phone calls over the course of six months to assess the extent of SBIRT implementation and offer further assistance and training if needed.

After six months, 9 of 13 practices had implemented SBIRT. Factors associated with implementation included:

- An overall commitment to prevention and validated screening tools;
- Standardization of intake forms, staff responsibilities, and practice flow;
- Utilization of non-clinician staff to do SBI;
- A perceived high prevalence of substance abuse in the population;
- Recognition of the association of alcohol misuse with common health problems (e.g., diabetes, depression, weight loss, GI problems);
- Feedback from individual patients that SBI improved their health.

Challenges reported by clinics included:

- Reaching consensus among providers about the importance of routine screening for alcohol, tobacco and illicit substance use;
- Determining how to carry out screening and brief intervention in a busy practice setting;
- Anticipation that many patients would require a referral to treatment;
- Limited options for referral;
- A need for additional training to become comfortable with brief intervention.

In the coming months CCGC plans to develop an online training module on SBIRT and Tobacco Guideline implementation. The module will include a video demonstration of the entire SBIRT process, suggestions for designing practice work flow to carry out SBIRT, and resources on motivational interviewing techniques to prepare staff and clinicians to carry out effective brief interventions.